REQUEST FOR GROUP FUNDS OR REIMBURSEMENT										
All requests for funds or reimbursement must be submitted to the group finance officer. Approval level for funds is as follows:										
\$50 and below – Approved by group finance officer \$51-\$99 – Approved by the group commander										
\$100 and above – Approved by the Group Finance Committee										
REQUI	ESTER'	S NAME							DATE	
ADDRE	ESS				1	, 				
CITY				STATE		ZIP	TELE	PHONE		1
REQUEST (Check One)			F	REIMBURSEMENT FUNDS				ESTIMATED COST \$		
ITEMIZED LIST OF ITEMS TO BE PURCHASED (Reimbursable items should be approved before purchase)										
RECEIPTS MUST BE SUBMITTED FOR ALL PURCHASES/REIMBURSEMENTS										
SIGNA	TURE C	F REQUE	STER							
AMOU	NT APP	ROVED	\$	DATE			CHECK NUMBE	R		
		, RANK, A DFFICIAL	I ND DUTY	TITLE OF		SIGNA	TURE			